

***DODGE COUNTY HEALTH FACILITIES COMMITTEE MEETING  
HELD AT CLEARVIEW, IN THE CHAPEL  
198 COUNTY DF  
JUNEAU, WI 53039***

***FEBRUARY 16, 2016***

**MINUTES**

1. **CALL TO ORDER:** Meeting was called to order by Chairman Bischoff at 7:30 a.m. with the following members present:
2. **ROLL CALL:**

Larry Bischoff  
Lisa Derr  
Jeff Duchac  
Dan Hilbert  
Tom Schaefer
- ALSO PRESENT:** James Mielke, Dodge County Administrator; Russell Kottke, Dodge County Board Chairman; David Frohling, Dodge County Finance Chair; Joseph Marsik, Dodge County Human Resource Chair; Julie Kolp, Dodge County Finance Director; Jane E. Hooper, Administrator; Bill Wiley, Director of Finance; Jacqueline Kuhl, Brain Injury Center Coordinator; Lori Kurutz, Director of Support Services; Jim Hill, Director of Environmental Services; Heather Ninmann, IID Household Specialist; Jessica Streaan, Assisted Living Supervisor; Ann Schulz, Director of Nursing; and Angi Zilliox, Human Resource Specialist.
3. **APPROVAL OF MINUTES OF JANUARY 6, 2016 MEETING:** Motion made by Duchac to approve the January 6, 2016 Minutes; seconded by Hilbert. Motion carried.
4. **APPROVAL DEVIATING FROM THE AGENDA:** Motion made by Schaefer to deviate from the Agenda if required; seconded by Duchac. Motion carried.
5. **PUBLIC COMMENT:** None to report.
6. **COMMITTEE MEMBER REPORTS:** None to report.
7. **INVOLUNTARY DISCHARGES:** One to report.

8. **CENSUS REPORTS:**

CBIC:	24 of 30
Clearview:	131 of 140
Clearview Behavioral Health 1/2:	19 of 20
ICF-IID (formerly FDD):	44 of 46
Trailview	3 of 4
Clearview Community Group Home:	4 of 4
Northview Heights (CBRF):	15 of 20

9. **ADMINISTRATOR'S REPORT:**

- **View of a Clearview Department: Assisted Living ~ Jessica Strean:** Jessica Strean, Assisted Living Supervisor, gave an explanation of and described the structure, purpose, and function of the assisted living facilities, as well as her roles and responsibilities at Trailview, Clearview Community Group Home, and Northview Heights. Goal attainment for 2015 were discussed, as well as goals set for 2016.
- **Follow-Up: 12-Hour Schedules, RN Hires, and CNA Staffing Update:** A report was given by Angi Zilliox on what we are working on with the schedules:
  - A stand-up meeting is being held in the morning and PM/NOC notification on staffing. This allows us to determine where any open shifts may be and allows us, as management, to help get the message out that there are available shifts open to assist ourselves in assisting on the household if possible.
  - Full staff meetings – informing them of anticipated changes. Hooper addressed the staff and let them know that we have met as an Administrative Team and we are aware of where we are at with the staffing concerns and are looking at creative ways to attract new staff to Clearview and offer incentives to those who are currently here. Those incentives could include overtime incentives, hiring bonus/referrals, increased flexibility with schedules, and realignment of licensed nursing staffing responsibilities.
  - We re-hired an RN back to Clearview. We have rehired a RN staff back who recently left and she will be returning on February 22, 2016 as an RN staff nurse on our PM shift.
  - A Team Leader was recently hired. We recently hired a LPN on our IID household for the .8 position on PM shift.
  - LeadingAge's survey has been completed. We recently participated in a survey put out by LeadingAge about staff retention. We did one for six of our licenses at Clearview. The focus was on the positions of RN, LPN, C.N.A. and direct care workers.

- A revised ad is in the paper updating – starting at Step 3 of the wage scale. We have revised some of our recent advertising in the papers to attempt to attract more individuals. We also have starting advertising our RN positions starting at Step 3 in the wage scale, which is \$25.75
- We are running a C.N.A. class starting February 24 through March 29 that is full with eight individuals and another class that starts April 4 and ends May 5. This class is half-full at this point.
- **Brain Injury Changes with Other Providers in Wisconsin – Effect on Clearview Brain Injury Center (“CBIC”):** Administrator Hooper and Jackie Kuhl, CBIC Unit Coordinator, provided an update to the Committee on Milwaukee Center for Independence (“MCFI”) brain injury program closing and changing management. CBIC transferred three (3) residents in one week from the MCFI program. The Committee was updated on co-sponsorship of LRB-4417/P2 - establish a licensure program for facilities for persons with traumatic brain injuries. A discussion was held – Administrator Hooper will contact Senator Scott Fitzgerald’s office regarding this Bill as it relates to Clearview. This Bill establishes a specialized license for organizations that have the training and unique qualifications necessary to deliver appropriate, quality healthcare services to individuals who have suffered a traumatic brain injury.
- **Annual Disaster In-Service: Active Shooter, in combination with Mike Reissmann of the Dodge County Sheriff’s Department and Amy Nehls from Dodge County Emergency Management:** An update was given on this annual in-service with positive feedback from staff on the presentation given by Amy Nehls and Mike Reissmann.
- **Dementia Crisis:** Hooper updated the Committee and a discussion was held regarding co-sponsorship of LRB-4559/1 relating to: report on dementia crisis unit pilot program and placement of individuals with dementia.
- **LeadingAge Survey:** An update was provided to the Committee about the LeadingAge Workforce Vacancy Survey. Recruitment and retention of direct care workers is a top concern for long-term care providers. Consistent reporting of staff vacancy rates may be used to strengthen efforts to bring the growing workforce crisis to the attention of policy makers, bolster support for improved reimbursement to increase wages and benefits and advance funding for training and scholarship options for persons interested in caregiving careers. LeadingAge Wisconsin, Wisconsin Health Care Association (“WHCA”) / Wisconsin Center for Assisted Living (“WiCAL”), Wisconsin Assisted Living Association (“WALA”), and Residential Services Association (“RSA”) of Wisconsin (“Associations”) have joined together gather data on direct care staffing vacancies. Provider members of the Associations are being asked to complete the survey on RNs, LPNs, CNAs, direct care workers, and CBRFs. It is anticipated

this survey will be conducted annually. Clearview administration did participate in this survey for every license of the Clearview campus.

- **Truck Purchase:** Mielke reviewed the 2015 truck purchase process with the Committee. Initially the 2015 budget included a transportation van to be purchased. In October the Health Facilities Committee approved the request to go forward to solicit bids to purchase a truck instead of a van. The bids were collected and a truck was purchased. A transportation van was not purchased with 2015 funds. Going forward, a vehicle replacement will be listed on the five-year capital improvement plan, as well as in the yearly capital budget.
- **Utility Payments:** Administrator Mielke gave an explanation that Clearview had received a disconnect notice for three areas of the campus from Juneau Utilities in January and what led up to that notice. Clearview has never received such a notice. Hooper and Wiley met with Administrator Mielke on February 12 to review. They in turn called Dodge County Finance Director Julie Kolp to discuss the situation. Kolp put together a timeline of the situation from when the bill was received at Clearview, then to Finance, and when the check was cut to the February 12 meeting. This was handed out to the committee members.

Discussion on how to prevent this from happening in the future so when Clearview sends to Finance, utility payments are expedited. One suggestion was that utility payments should be made exempt from any hold up in payment. Another suggestion was to pay utility bills via ACH. The final suggestion was for Clearview to send bills that meet or exceed \$10,000 in separate batches within JD Edwards to the County Finance Department. That way the lengthy process involved does not hold all of them up from payment.

- **State Only Bed Tax:** Hooper updated the Committee about the State provision to exempt county government owned institutions for mental diseases ("IMDs") and state only licensed facilities would not be permissible under federal statutes or rules relating to state health care provider assessments. This was vetoed with the stated rationale the money still comes out of the budget, even though minimal, and pennies add up to dollars.
- **LeadingAge Network:** Hooper and Bill Wiley, Finance Director, updated the Committee on a LeadingAge Network being created, called "LeadingChoice Network." We will be returning with further information on the risks involved with joining or not joining.
- **Update: Charter TV Services:** Clearview is looking into the possibility of staying with Charter due to the fact that Dish Network quote per drop have gone up since the initial quote from \$6.00 to \$13.22, the reason being that once they started comparing channels, they had to pull different channels from different packages. The equipment quote went up as well; the original quote was for \$15,866 and the new revised quote was for \$27,863. There is a meeting set up

with Zev Kianovsky (from Corporation Counsel), Ruth Otto (IT Director), Jane Hooper, Bill Wiley, and Jim Hill on February 19 to discuss the renewal contract that Charter sent to us. We will continue to provide updates as we proceed.

**REPORT FROM BILL WILEY, CLEARVIEW FINANCE DIRECTOR:** Wiley notified the Committee that the Finance Committee had seen the proposed budget adjustments the previous week. He briefly reviewed the proposed budget adjustments with the Committee.

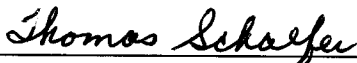
Wiley then presented the current income statement for Clearview. He noted that the financial report was not the final one for 2015 and that remaining expenses, year-end and auditor adjustments had yet to be made.

Wiley then gave an update to the 2014 audit. He stated that Clearview finished the final item left from the audit. Wiley also stated that he is waiting for his meeting on February 26 with Julie Kolp and Kevin Krynski, Johnson & Block, to review this process.

10. **NEXT MEETING DATE: Wednesday, March 9, 2016, at 7:45 a.m., in the Chapel at Clearview,** located on the first floor, 198 County DF, Juneau, Wisconsin.
11. **ADJOURN:** There being no further business to come before the Committee, by order of the Chair, to adjourn. Meeting adjourned at 9:38 a.m.

Dated this 9<sup>th</sup> day of March, 2016.

Respectfully submitted,

  
\_\_\_\_\_  
Thomas Schaefer, Secretary

**TO:** Legislative Colleagues

**FROM:** Representative Joel Kleefisch and Senator Alberta Darling

**DATE:** February 5, 2016

**RE:** Co-sponsorship of LRB-4417/P2 - Establish a licensure program for facilities for persons with traumatic brain injuries

**DEADLINE:** Tuesday February 9<sup>th</sup>, 2016

---

This bill establishes a specialized license for organizations that have the training and unique qualifications necessary to deliver appropriate quality healthcare services to individuals who have suffered a traumatic brain injury (TBI).

This license will help ensure patients receive the necessary access to quality healthcare to brain-injured patients who cannot receive this treatment in long-term care or other facilities that do not have trained and certified staff. The Department of Health Services will provide the license to the qualified applicants.

This bill is budget neutral but does have the potential to achieve Medicaid cost savings by reducing the long-term costs involved in delivery of services in unnecessarily expensive settings. It is important to note that **this bill does not increase the number of nursing home licenses or number of beds.**

Currently, in order to treat patients, an organization must be a subcontractor to a facility (usually a nursing home). The TBI provider must await Medicaid reimbursement from the nursing home operator, which has proven to be an inefficient, inconsistent and contentious mode of operation.

To co-sponsor this legislation please contact the office of Representative Kleefisch at 6-8551 by February 9<sup>th</sup> - NOON. Your name will be added to the Senate companion unless otherwise specified.

#### **Analysis by the Legislative Reference Bureau**

This bill requires the Department of Health Services to establish a licensure program for facilities for persons with traumatic brain injuries and to certify as a provider for the Medical Assistance program any facility that it licenses under that program. The bill requires DHS to license facilities that meet its criteria including certain criteria specified in the bill. The bill also sets certain resident care, plan review, and reporting requirements on the facilities. DHS is required to certify as a provider for the Medical Assistance program any facility that it licenses.

TO: All Legislators

FROM: Representative Mike Rohrkaste

DATE: January 20, 2016

RE: **Co-Sponsorship of LRB 4459/1 relating to: report on dementia crisis unit pilot program and placement of individuals with dementia.**

**Short Deadline: Friday, January 22, 2016 at 3 p.m.**

I am introducing this legislation as part of the Speaker's Task Force on Alzheimer's and Dementia. The task force held multiple public hearings throughout the state of Wisconsin and received input from numerous citizens concerning Alzheimer's and dementia. These diseases affect thousands of Wisconsinites every day and each bill in this package focuses on ways we can better assist those living with Alzheimer's and dementia and their caregivers, because Wisconsin Cares.

While traveling throughout the state, the task force heard numerous times about the lack of appropriate placement for those living with Alzheimer's and dementia in crisis situations. Because of this lack of options, police and emergency response teams are often called which can lead to further agitation for the individual.

LRB 4459 requires the Department of Health Services (DHS) to create a report analyzing where individuals with dementia are placed in crisis situations, so we can understand if individuals are being placed in the appropriate settings. Also, this legislation directs DHS to propose a pilot program for coalitions of two or more counties to create dementia crisis units. These dementia crisis units would be an option for individuals with Alzheimer's and dementia who are in a crisis situation. \*

**If you would like to co-sponsor this legislation please contact Rep. Rohrkaste's office at 6-5719 or Rep.Rohrkaste@legis.wisconsin.gov, by 3 p.m. on Friday, January 22, 2016.**

*Analysis by the Legislative Reference Bureau*

This bill requires the Department of Health Services to prepare a report describing where individuals who have dementia are currently placed in crisis situations and proposing a pilot program for coalitions of two or more counties to create dementia crisis units.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill

TO: All Legislators

FROM: Representatives Todd Novak, Beth Meyers, and Mike Rohrkaste

DATE: January 20, 2016

RE: **Co-Sponsorship of LRB 4208/1 relating to: funding for dementia care specialists in aging and disability resource centers and making an appropriation.**

**Short Deadline: Friday, January 22, 2016 at 3 p.m.**

We are introducing this legislation as part of the Speaker's Task Force on Alzheimer's and Dementia. The task force held multiple public hearings throughout the state of Wisconsin and received input from numerous citizens concerning Alzheimer's and dementia. These diseases affect thousands of Wisconsinites every day and each bill in this package focuses on ways we can better assist those living with Alzheimer's and dementia and their caregivers, because Wisconsin Cares.

Dementia Care Specialists (DCSs) are funded through the Department of Health Services (DHS) and are located in certain Aging and Disability Resource Centers (ADRCs) throughout Wisconsin. Currently, the state has 16 DCSs covering 26 counties, with three additional tribal DCSs, which serve the Menominee, Oneida, and St. Croix tribes. The goals of DCSs are to ensure that individuals with Alzheimer's or other dementias receive the correct care, while also making sure that care is safe and cost-effective. DCSs also work to ensure that caregivers receive the resources needed to help care for their loved ones.

LRB 4208 authorizes DHS to hire four additional DCSs and place them in ADRCs which are in counties with a population under 150,000. Rural areas throughout Wisconsin will be hit particularly hard by Alzheimer's and dementia in the next 10 to 20 years because their average age is higher than in urban parts of the state. There are also less resources for caregivers and individuals living with these diseases in rural areas and these additional DCSs provide some much need support

LRB 4208 also authorizes DHS to hire an individual to train DCSs regarding educating employers about issues related to dementia in their employees and family members of employees. The impact of Alzheimer's and dementia will continue to grow in the workplace as Wisconsin's population ages and as more employees become caregivers or show signs of dementia themselves.

All of these positions will help provide resources to those living with Alzheimer's or other dementias and their caregivers.

**If you would like to co-sponsor this legislation please contact Rep. Rohrkaste's office at 6-5719 or [Rep.Rohrkaste@legis.wisconsin.gov](mailto:Rep.Rohrkaste@legis.wisconsin.gov), by 3 p.m. on Friday, January 22, 2016.**

*Analysis by the Legislative Reference Bureau*

This bill increases funding to the Department of Health Services for fiscal year 2016-17 to authorize four additional full-time equivalent positions for the department for dementia care specialists in aging and disability resource centers in counties with a population under 150,000. The bill requires the department to maintain existing staffing levels for dementia care specialists, plus the new positions authorized under this bill. The bill also increases funding to the department for fiscal year 2016-17 to authorize one additional full-time equivalent position for the department for training of dementia care specialists in aging and disability resource centers, including educating employers about issues related to dementia in their employees and family members of employees. Under the bill, the department is required to submit a report to the joint committee on finance by July 1, 2017, regarding activities related to this employer education training position.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.